

MIXED MEDICAL COMMISSION CERTIFICATE FOR EPW

For use of this form, see AR 190-8; the proponent agency is DCSPER.

FROM:

TO:

- The undersigned make up the Mixed Medical Commission. They are duly appointed under the GPW of 1949 to examine _____ (state nationality) EPW in custody of the US Armed Forces. The EPW claim eligibility for repatriation or for hospitalization in a neutral country under the provisions of that convention. The EPW named below has been presented to the Commission and has been examined at the location, and on the date shown.

NAME (Last, first, MI)		GRADE
SERVICE NUMBER	INTERMENT SERIAL NUMBER	DATE OF BIRTH

STATUS

_____ MEDICAL: _____ LITTER _____ AMBULANT
_____ SURGICAL: _____ LOCKED WARD _____ OPEN _____ ISOLATION
_____ NEUROPSYCHIATRIC:

THE MIXED MEDICAL COMMISSION FINDS THAT THE ABOVE NAMED EPW IS (Check applicable box)	a. INELIGIBLE FOR REPATRIATION OR HOSPITALIZATION IN A NEUTRAL COUNTRY.
	b. ELIGIBLE FOR DIRECT REPATRIATION.
	c. ELIGIBLE FOR HOSPITALIZATION IN A NEUTRAL COUNTRY.
	d. ELIGIBLE FOR RE-EXAMINATION BY NEXT COMMISSION.

FINAL DIAGNOSIS (Continue on reverse side if more space is required).

PLACE OF EXAMINATION	DATE
TYPED NAME OF CHAIRMAN, MIXED MEDICAL COMMISSION	SIGNATURE
TYPED NAME OF MEMBER	SIGNATURE
TYPED NAME OF US MEDICAL REPRESENTATIVE	SIGNATURE